

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Preemployment Statement – Read Carefully Before Signing

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

I understand that any false answers or statements or misleading omissions made by me on this application, in connection with the above mentioned investigation, can be sufficient grounds for my rejection as a candidate for employment or immediate discharge.

I authorize all my current or previous employers, education institutions, and other references list above to furnish to the employer and its agents any information, whether or not it is in their records, regarding my employment, educational record, personal character, or work or personal habits. I release all such persons or organizations from any and all liabilities or damages whatsoever from furnishing any of the above information.

I agree and understand that any employment offer is conditional until such time as the results of my reference checks and medical examination, if any are known.

Under Michigan law, handicapped employees and applicants may request an accommodation of their handicap by notifying the company in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the company will preclude any claim that the employer failed to accommodate the handicapper.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire also whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____